



APPLICATION FOR VETERINARY EXAMINATION

Please type or print legibly

<p>1 I wish to be apply for the following:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Fee</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> National Board Examination (NBE)</td> <td style="text-align: right;">\$165.00</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Clinical Competency Test (CCT)</td> <td style="text-align: right;">\$140.00</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> CA State Board (CSB)</td> <td style="text-align: right;">\$140.00</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Intern/Resident Temporary Application</td> <td></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Veterinary Law Examination (VLE)</td> <td style="text-align: right;">\$ 35.00</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Fingerprint Card</td> <td style="text-align: right;">\$ 42.00</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Application Fee</td> <td style="text-align: right;">\$ 65.00</td> <td style="text-align: right;">\$65.00</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total Submitted</td> <td>_____</td> </tr> </tbody> </table> <p>Please remit fee by check or money order payable the VMB.</p>		Fee		<input type="checkbox"/> National Board Examination (NBE)	\$165.00	_____	<input type="checkbox"/> Clinical Competency Test (CCT)	\$140.00	_____	<input type="checkbox"/> CA State Board (CSB)	\$140.00	_____	<input type="checkbox"/> Intern/Resident Temporary Application		_____	<input type="checkbox"/> Veterinary Law Examination (VLE)	\$ 35.00	_____	<input type="checkbox"/> Fingerprint Card	\$ 42.00	_____	<input type="checkbox"/> Application Fee	\$ 65.00	\$65.00	Total Submitted		_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">For Office Use Only</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;"><input type="checkbox"/> Receipt No. _____</td> <td style="width: 50%;">Date Cashiered _____</td> </tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </tbody> </table>	For Office Use Only		<input type="checkbox"/> Receipt No. _____	Date Cashiered _____	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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<p>2 Disclosure of your United States social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.</p> <p>All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure, per Section 4846 of the Business and Professions Code which authorizes the collection of this information. Information regarding the issuance or denial of a license by the Board may be transmitted to any other veterinary medical licensing authority. Candidates have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.</p>					Social Security Number: _____
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3 Full name: Last _____ First _____ Middle _____	4. Birthdate (month/day/year) _____
5 Current Mailing Address: Street and Number _____	City _____ State _____ Zip Code _____ Phone No _____ Area () _____
6 Permanent Residence Address: Street and Number _____	City _____ State _____ Zip Code _____ Phone No _____ Area () _____

7. Veterinary College or University					
Name and Location of Institution	Attendance		Course	Date of Graduation	Degree Received
	From	To			

Graduates should attach a photocopy of their diploma no larger than 8 1/2" x 11" to the application.

<p>8 My physical description is as follows:</p> <p>Hair _____ Eyes _____</p> <p>Height _____ Weight _____</p> <p>I hereby declare that the attached photo was taken on or about (month/day/year): _____</p> <p>Signature of Candidate _____</p>	<p>ATTACH PHOTO HERE</p> <p>Photo must be the same size as this box (2" x 2 1/4").</p> <p>Do <u>not</u> staple.</p>
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9. In what other states have you been or are you currently licensed? Written certification of license status from those state boards is required.

State	License #	Date Issued	Specify If By Exam Or On Credentials	Period of Practice

10. Have you ever had your license to practice veterinary medicine revoked, suspended, or other discipline imposed by another state or territory where you hold or have held a license to practice veterinary medicine in that state or territory?

☐ Yes ☐ No

If you answered **yes**, please specify state, date, charge, and circumstances:

11. Have you been convicted of or pled nolo contendere to any violation of any law of any state, the United States, or a foreign country?

☐ Yes ☐ No

If you answered **yes**, please explain fully:

You must list any misdemeanor, felony, or conviction that has been set aside and dismissed under Section 1203.4 of the Penal Code or under any other provision of law. A separate letter explaining the details of the offense is also required in addition to certified court documents.

12. Have you ever applied to take a veterinary examination in California?

☐ Yes ☐ No

If you answered **yes**, please list date(s):

13. Have you ever taken the NBE or CCT in any state(s) other than California?

☐ Yes ☐ No

If you answered **yes**, please list all dates and respective state(s):

NBE _____ CCT _____

TO BE COMPLETED BY RECIPROCITY APPLICANTS ONLY

14. Applicants for licensure by reciprocity **must** complete the following question:

Have you been practicing full time for at least four years out of the last five years immediately preceding filing this application for licensure in California?

☐ Yes ☐ No

15. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Applicant _____ Date _____

CERTIFICATION SIGNATURE AND DATE REQUIRED OF ALL APPLICANTS.